

EXHIBIT

STATE OF MICHIGAN <Cir #> JUDICIAL CIRCUIT <Co. name> COUNTY	Affidavit Of Nondisclosure For Family Violence Indicator Qualified or Eligible Domestic Relations Order Qualifying Public Employee Retirement Plan	CASE NO. <Court Case no.>
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<Co. name> Friend of the Court <FOC Address>

<FOC Telephone No.>

<Plaintiff's name> <Plaintiff's address> <Plaintiff's City, State ZIP>	<Defendant's name> <Defendant's address> <Defendant's City, State ZIP>
<Plaintiff's Attorney> <Plaintiff's Attorney P#> <Plaintiff's Attorney's address> <Plaintiff's Attorney's City, State ZIP>	<Defendant's Attorney> <Defendant's Attorney P#> <Defendant's Attorney's address> <Defendant's Attorney's City, State ZIP>

Custodial Parent: _____**Non-custodial Parent:** _____**CP SSN:** _____**NCP SSN:** _____

I, <Payee Name>, State that the disclosure of my address or other information identifying my location may be harmful to my child (ren) or myself. I am requesting that my address or other identifying information not be disclosed to the other party in the case referenced above. This request for nondisclosure of information will remain in effect until I notify the Michigan Child Support IV-D Agency, in writing, that I believe I, or my child (ren) are no longer at risk.

I declare that the statements above are true to the best of my information, knowledge and belief.

Date_____
Parent's Signature

Subscribed and sworn to me on _____, in the County of _____, State of Michigan.

Signature My Commission Expires: _____

Notary

Certification of Nondisclosure:

Based on the sworn affidavit of <Payee Name>, the Director of Michigan Child Support Enforcement IV-D Agency (FIA/OCS) has reason to believe the health, safety or welfare of <Payee Name> and/or the child(ren) would be unreasonably put at risk by the disclosure in any documents.

Pursuant to the 1971 PA 174, Office of Child Support Act (OCSA), MCL 400.235(2); the Uniform Interstate Family Support Act (UIFSA), 1996 PA 310, MCL 552.1320; MCR 3.206 (B)(2)&(3); MCR 3.218; the address or other identifying information of <Payee Name> and/or the child(ren) shall not be disclosed in any documents or pleadings.

If you have any questions, contact the authorized representative below.

Signature of Authorized Representative
Michigan IV-D Child Support Enforcement Agency

(_____) _____
Telephone #

Printed Name Authorization

Date